



YOUTH VOLUNTEER APPLICATION & RELEASE FORM

Youth under 18 must have this form filled out & signed by a parent or guardian. Minors under the age of 14 years must be accompanied by an adult. Minors without signed release forms will not be permitted to participate in any activities.

Youth Name: _____ Birthdate: _____
Address: _____
City: _____ Zip Code: _____
Phone#: (____) _____ Email: _____

In case of emergency, please contact:

Name: _____ Relationship: _____
Phone: Home (____) _____ Cell (____) _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY – PLEASE READ CAREFULLY

As the parent or guardian of the minor identified above ("My Child"), and in consideration of My Child's opportunity to serve as a City of Sammamish volunteer ("the Service"), **I hereby agree to ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with My Child's participation in the Service. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the City of Sammamish, its officials, employees, agents, and volunteers from any and all rights and claims for damages, including attorney fees, whether known or unknown, foreseen or unforeseen, and arising from or in any way connected with My Child's participation in, or transportation to or from, any activity, work, or work site in any way related to the Service.

Labor and Industries does not cover those under the age of 14. Therefore, if your child is under the age of 14 and is injured while volunteering, the City of Sammamish will NOT provide insurance coverage, and, if applicable, your own personal medical insurance may apply.

MEDICAL CARE AUTHORIZATION

I will attest that My Child named below is in good health on the dates he/she is volunteering. In case of medical emergency, after every reasonable effort has been made to contact the above named emergency contact, I hereby give my permission to the physician or emergency responders secured by the adult in charge of the volunteer activities to secure treatment for and to hospitalize, order injection, anesthesia or surgery for My Child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

PARENT/GUARDIAN RESPONSIBILITY

I will take the responsibility to see that My Child is properly prepared for all activities including: having the proper clothing and equipment, and being in good health. I will inform the supervising adults of any particular physical, mental, social or other condition of My Child of which the supervisor should be aware.

PHOTO/VIDEO RELEASE

I grant permission to photograph or video My Child during the Service and to have his/her image used by the City of Sammamish without receiving compensation of any kind for appearing in such photographs or video recordings.

By signing this **ASSUMPTION OF RISK AND WAIVER OF LIABILITY** on behalf of a My Child, I hereby acknowledge that I have read, understand and agree to the above conditions on my own behalf and on behalf of My Child:

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

YOUTH VOLUNTEER AGREEMENT

I volunteer my services to volunteer projects with the City of Sammamish. These Services are performed by my own free choice, and I am donating my time and my labor to the City of Sammamish.

As a volunteer, I understand and agree that during the duration of my volunteer service:

- I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- That I am fully aware that the work associated with being a City volunteer involves certain risks. That volunteer work may involve difficult conditions, uneven terrain, unanticipated natural hazards, use of equipment, and/or strenuous manual labor, and I am dressed appropriately for this. Further, volunteers assume liability for any non-participants who accompany them.
- That I shall not appear for volunteer service under the influence of alcohol or illegal drugs.
- That if I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall notify City personnel as soon as possible. I shall not pick up syringes, broken glass or other sharp materials, or exceptionally large, heavy or unyielding objects.
- It is my responsibility to inform the lead on any volunteer activity if I need special accommodations, have a medical condition or life threatening allergies that may impact volunteer tasks.
- I am to call 911 in the event of any emergency during the volunteer event, if no City personnel is present during the event and that any injuries incurred during the event shall be reported to the City immediately.
- That the City may include my hours of volunteer service in the State Labor and Industries medical coverage for volunteer workers, if applicable.
- The City may terminate this agreement at any time without cause and I understand I am volunteering my services at will and may be asked to discontinue without prior notice or reason. Reasons for termination may include, but are not limited to: unsafe or uncooperative behavior or harassment of staff or volunteers.
- That any photographs or video recordings taken may be used for publicity purposes for the City without payment of any compensation.

I have read, understand and agree to the above statements:

Youth Signature: _____ Date: _____